



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DISCLAIMERS

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

Case Status Report

Case # 009

Accident Summary: Veh. 1 driving on 4-lane undivided roadway overreacted
to vehicle entering traffic lane swerved to right and contacted a wooden
utility pole. Airbag deployed causing driver 1 eyeglass frame to slice left
eyeglobe.

Case Vehicles: V1 V2 V3

Year - 1989

Make - Accura

Model - Legend 4-dr

Damage - Moderate left
front

Subject Occupant:

Vehicle # 1 Seat Pos 11 Age 72 Sex M Restraint Air Bag Only

Major Injuries: Lacerated/Ruptured left eye globe

Facial and chest abrasions

Case Completion:

Scene inspection	<u>X</u>	Scene diagram	<u>X</u>	Photos sorted/mounted	<u>X</u>
Interview	<u>X</u>	data forms coded	<u>X</u>	Vehicle(s) inspected	<u>X</u>
Crash run	<u>n/a</u>	Time line analysis	<u>n/a</u>	Technical analysis	<u>X</u>
Body contacts/injury table	<u>X</u>	Injury data (verbal)	<u>X</u>	Injury data (written)	<u>X</u>
Social data	<u> </u>	Rehab data	<u> </u>	Financial data	<u> </u>

TECHNICAL SUMMARY

CASE NUMBER 009-C

This is a single vehicle collision occurring at mid day on a [REDACTED] in [REDACTED] of 1990. The impact was with a roadside wooden utility pole on a suburban four lane roadway. The vehicle, a 1989 Acura Legend four door sedan was occupied by a 72 year old unrestrained male driver. The driver is a physician. A driver's side air bag is standard equipment on the Acura Legend.

The roadway is four lanes wide with a double yellow line separating NE from SW bound traffic. The coefficient of friction is .70 on the well maintained asphalt paved road surface. The road is straight, level and was dry at the time of the impact. The southern road edge is defined by a 3" high curb that is 4" wide at the top. The curbing is bordered by a 6" section of grass followed by the wooden utility pole's northernmost point. The utility pole is 9" in diameter.

The accident took place as V1 was NE bound in the curb lane. The elderly driver perceived a possible encroachment into his lane from a vehicle entering the roadway from a driveway at the north curb. V1 D's reaction to swerve the car to the right caused the right front tire to mount the south curb at a point 19' SW of the utility pole. At an estimated speed of 25-30 mph the extreme right front of the front bumper made initial impact with the utility pole. Direct damage width to the frontal plane was measured at 4" with a 12 o'clock direction of force. Following the displacement of the bumper cover the vehicle continued in a NE direction causing direct impact along the right front fender sheet metal in a sideswiping front to rear configuration accompanied by a minor amount of lateral crushing. The right front tire and wheel then were snagged by the utility pole driving the right front suspension 8" rearward into the front edge of the right front door skin. The movement of the suspension caused a moderate amount of right front toe pan and side kick panel intrusion. The snagging action on the right front tire and wheel imparted the majority of the impact force to V1 and triggered the airbag sensors deploying the airbag. Final rest for the right front tire was 14" east and 2' south of the south edge of the utility pole. Damage height on the contacted pole was measured to be 33".

The deployment of the airbag unquestionably cushioned the driver from severe and life threatening injury especially in view of his advanced years. The deceleration of the driver's body by the bag resulted in facial abrasions, orbital ecchymosis and chest wall contusions. Unfortunately, his eyeglasses became sandwiched between the deploying airbag and his face. Striation marks were noted on the plastic eyeglass lens from direct impact with the airbag. A section of the eyeglass frame or one of the earpiece fractured and pierced the left globe of the driver's eye rupturing the eyeball. The patient was transported to a hospital followed by transfer to an eye hospital for repair of the ruptured globe.

TECHNICAL SUMMARY

CASE NUMBER 009-C

Finally, the driver was taken to the trauma center when complications arose following the surgical procedures to the eye.

BODY CONTACTS AND INJURIES TABLE

CASE NUMBER 009-C

Vehicle #1 - 72 y/o unrestrained male driver

- 1989 Acura Legend 4 door coupe
- 12 o'clock right side-swiping type impact
- collision with 9" diameter wooden utility pole
- right front suspension driven 8" rearward

<u>AIS CODES</u>	<u>ICD-9</u>	<u>INJURIES</u>	<u>BODY CONTACTS</u>
FWAI 1	910.0	facial abrasions	deployed airbag
FLRO 2	871.2	left eye globe rupture	eyeglass frame via deployed airbag
CCCI 1	922.1	contusions over chest wall	deployed airbag
FLCO 1	921.0	left periorbital ecchymosis	deployed airbag



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number — Stratum

3. Vehicle Number

4. Occupant Number

009F

01

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

(1) Abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify): _____

(9) Unknown

14. Ejection Medium

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify): _____

(5) Integral structure

(8) Other medium (specify): _____

(9) Unknown

15. Medium Status (Immediately Prior to Impact)

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat

(specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Automatic (Passive) Restraint System Availability 4

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____

- _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

22. Automatic (Passive) Restraint Function 4

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

23. Did Automatic (Passive) Restraint Fail? 4

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):
_____(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O – No injury
 (1) C – Possible injury
 (2) B – Nonincapacitating injury
 (3) A – Incapacitating injury
 (4) K – Killed
 (5) U – Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

2**35. Treatment – Mortality**

- (0) No treatment
 (1) Fatal
 (2) Fatal – ruled disease

3

Nonfatal

- (3) Hospitalized
 (4) Transported and released
 (5) Treatment at scene – nontransported
 (6) Treatment later
 (8) Treatment – other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment)

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

2

(9) Unknown

37. Hospital stay

- ____ Code number of days (up through 60)
 that the occupant stayed in the hospital
 (00) Not hospitalized
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

- ____ Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

49**39. Time to Death**

- ____ Code number of hours from time of
 accident to time of death up through 24
 hours. If time of death is greater than 24
 hours, code number of days. (Note: 1 day =
 31, 2 days = 32, ... n days = 30 + n up through
 30 days = 60)
 (00) Not fatal
 (96) Fatal – ruled disease
 (99) Unknown

00**40. 1st Medically Reported Cause of Death**00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

- ____ Code the Occupant Injury from line
 number(s) for the medically reported
 injury(s) which reportedly contributed to
 this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

- ____ Code the actual number of
 injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

04

UPDATE CANDIDATE

NO ☒

YES []

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43=00, 97, 99)



OCCUPANT ASSESSMENT LOG

Performance Assessment

TO BE COMPLETED BY TEAM

1. PSU Number _____
2. Case Number—Stratum _____
3. Researcher Completing Form _____
4. Vehicle Number _____
5. Interviewer Number _____
6. Occupant Number _____
7. Occupant's Role _____
 - (1) Driver
 - (2) Passenger
 - (3) Unknown
8. Interviewee For This Occupant _____
 - (0) No interview
 - (1) Same person

Surrogate

 - (2) Other occupant
 - (3) Relative or friend
 - (4) Combination of above categories (specify): _____
9. Manner Of Interview _____
 - (0) No attempt
 - (1) Telephone
 - (2) In-person
 - (3) Questionnaire
 - (4) Other (specify): _____
10. Result Of Interview Attempt _____
 - (01) Unable to contact or locate
 - (02) Hit and run
 - (03) Fatal—surrogate not available
 - (04) In intensive care-surrogate not available
 - (05) Out-of-state resident
 - (06) Refused interview
 - (07) Insurance company refusal
 - (08) Attorney refusal or litigation
 - (09) No return of questionnaire
 - (10) Other (specify): _____
 - (11) Return of completed questionnaire
 - (12) Partial interview
 - (13) Complete interview
11. Injury Treatment Status _____
 - (0) No treatment
 - (1) Fatal—died before hospitalization
 - (2) Fatal—died after hospitalization
 - (3) Hospitalization
 - (4) Emergency room treatment only
 - (5) Treatment at physician's office
 - (6) Treatment at scene or self treatment
 - (9) Unknown

12. Injury Information

Official

- a. Autopsy (invasive examination) _____
- b. Post-ER medical record which includes information about death based on non-invasive examination _____
- c. Admission record/summary of admission/discharge face sheet _____
- d. Discharge summary _____
- e. Radiographic record(s) post ER visit _____
- f. History and physical examination and/or consultation records _____
- g. Emergency room records _____
- h. Radiographic record(s) associated with ER visit _____
- i. Private physician _____

Unofficial

- j. Lay coroner _____
- k. EMS record _____
- l. Interviewee _____
- m. Other source (specify): _____
- n. Police report _____

- (Blank) Not medically treated/record not required
- (01) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (04) Noncooperative hospital
 - (05) Hospital out of study area
 - (06) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

13. Medical Facility Code _____

TO BE COMPLETED BY ZONE CENTER

DATA STATUS OF VARIABLE NUMBERS 4-43

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43				

Data Status Codes:

- | | |
|---------------------------|----------------------|
| (Blank) Correct | (4) Change—no error |
| (1) Derived error | (5) Sequencing error |
| (2) Non-correctable error | (8) MDE error |
| (3) Correctable error | (9) Unknown coded |



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

01

2. Case Number—Stratum

009C

4. Occupant Number

01

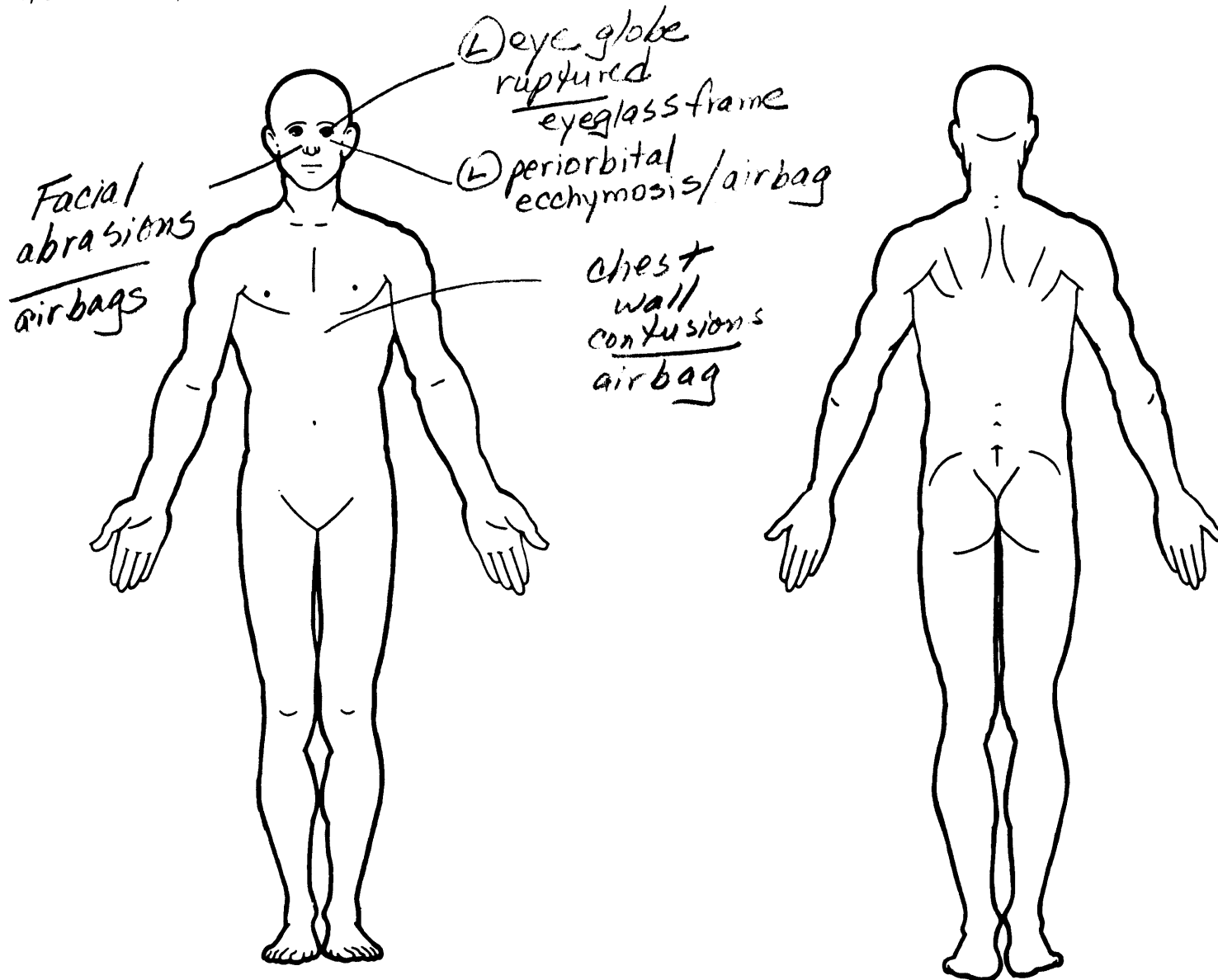
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Aspect	Lesion	O.I.C.—A.I.S. System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>2</u>	6. <u>F</u>	7. <u>L</u>	8. <u>R</u>	9. <u>O</u>	10. <u>2</u>	11. <u>49</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>2</u>	16. <u>F</u>	17. <u>W</u>	18. <u>A</u>	19. <u>L</u>	20. <u>1</u>	21. <u>45</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>2</u>	26. <u>C</u>	27. <u>C</u>	28. <u>C</u>	29. <u>I</u>	30. <u>1</u>	31. <u>45</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>2</u>	36. <u>F</u>	37. <u>L</u>	38. <u>C</u>	39. <u>O</u>	40. <u>1</u>	41. <u>45</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

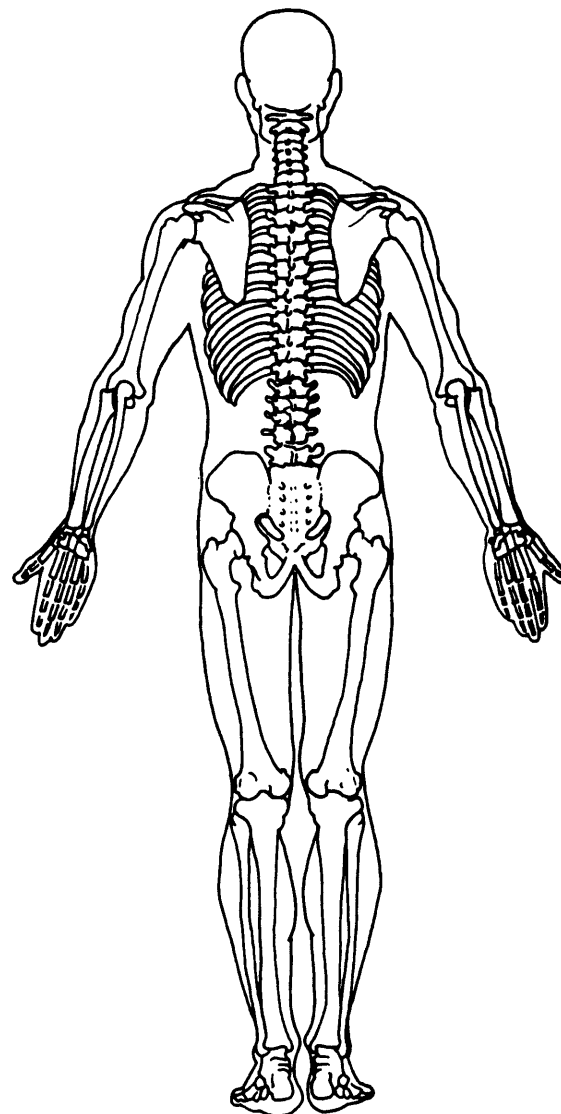
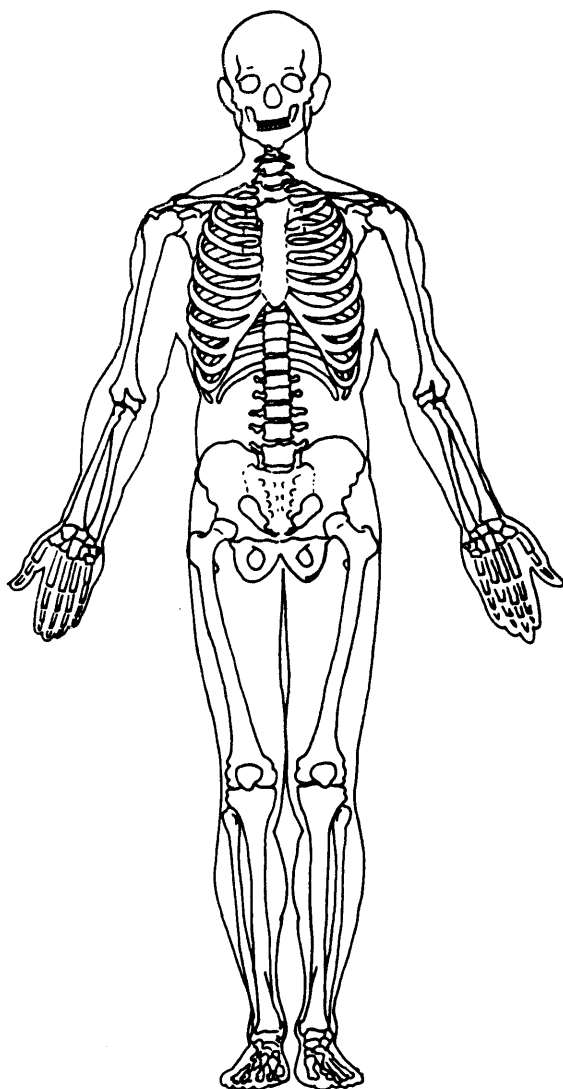
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number—Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>04</u>	49. <u>1</u>	50. <u>2</u>
2nd	51. <u>13</u>	52. <u>05</u>	53. <u>1</u>	54. <u>2</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify): _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): _____

- (32) Other exterior object in the environment (specify): _____

- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s)

(specify): _____

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

If PDOF \neq 11, 12 or 1, Then Code IV88-IV91 As 9688. Steering Column Collapse Due to Occupant Loading 00

_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

(00) No movement, compression, or collapse

- (01-19) Actual measured value
 (20) 20 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
 (82) \geq 1 inch but $<$ 2 inches
 (83) \geq 2 inches but $<$ 4 inches
 (84) \geq 4 inches but $<$ 6 inches
 (85) \geq 6 inches but $<$ 8 inches
 (86) Greater than or equal to 8 inches
 (96) Not assessed (PDOF \neq 11, 12, 1)
 (97) Apparent movement, value undetermined or cannot be measured or estimated
 (98) Nonspecified type column
 (99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement + 0090. Lateral Movement + 0091. Longitudinal Movement + 00

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (00) No steering column movement
 (\pm 01 – \pm 49) Actual measured value
 (\pm 50) 50 inches or greater

Estimated movement from observation

- (\pm 81) \geq 1 inch but $<$ 3 inches
 (\pm 82) \geq 3 inches but $<$ 6 inches
 (\pm 83) \geq 6 inches but $<$ 12 inches
 (\pm 84) \geq 12 inches
 (___96) Not assessed (PDOF \neq 11, 12, 1)
 (___97) Apparent movement $>$ 1 inch but cannot be measured or estimated
 (___99) Unknown

92. Steering Rim/Spoke Deformation 0

_____ Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 00

(00) No steering rim deformation

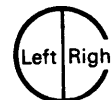
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 005,000

4836 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: Inspection95. Instrument Panel Damage from Occupant Contact? 0

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

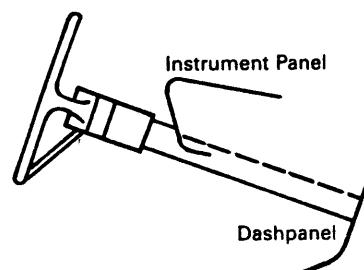
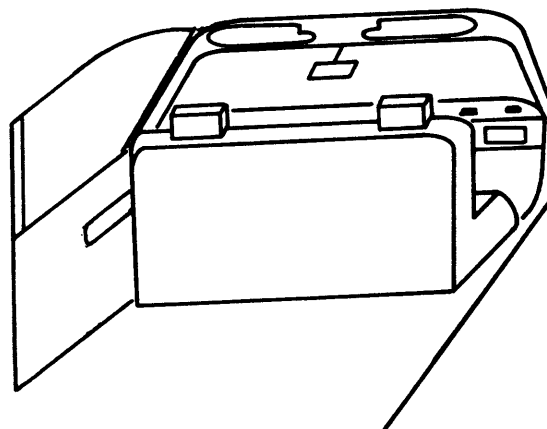
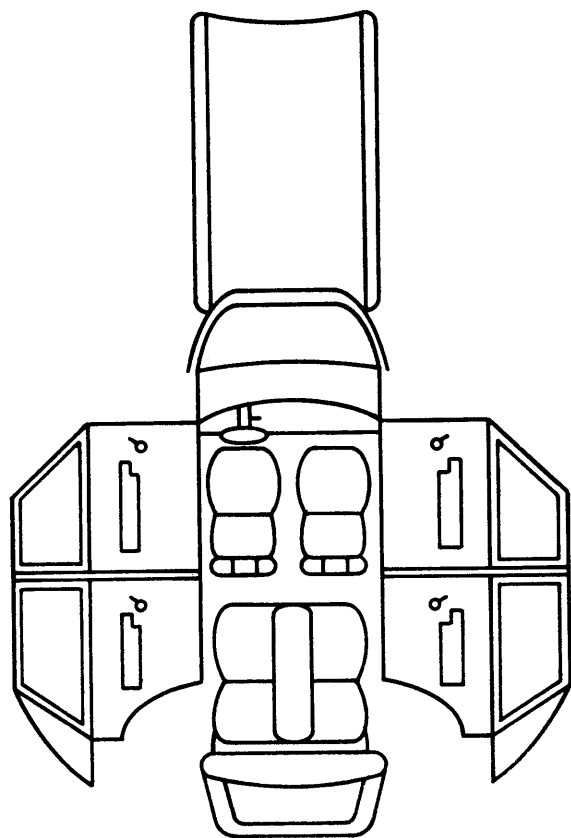
97. Did Glove Compartment Door Open During Collision(s)? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

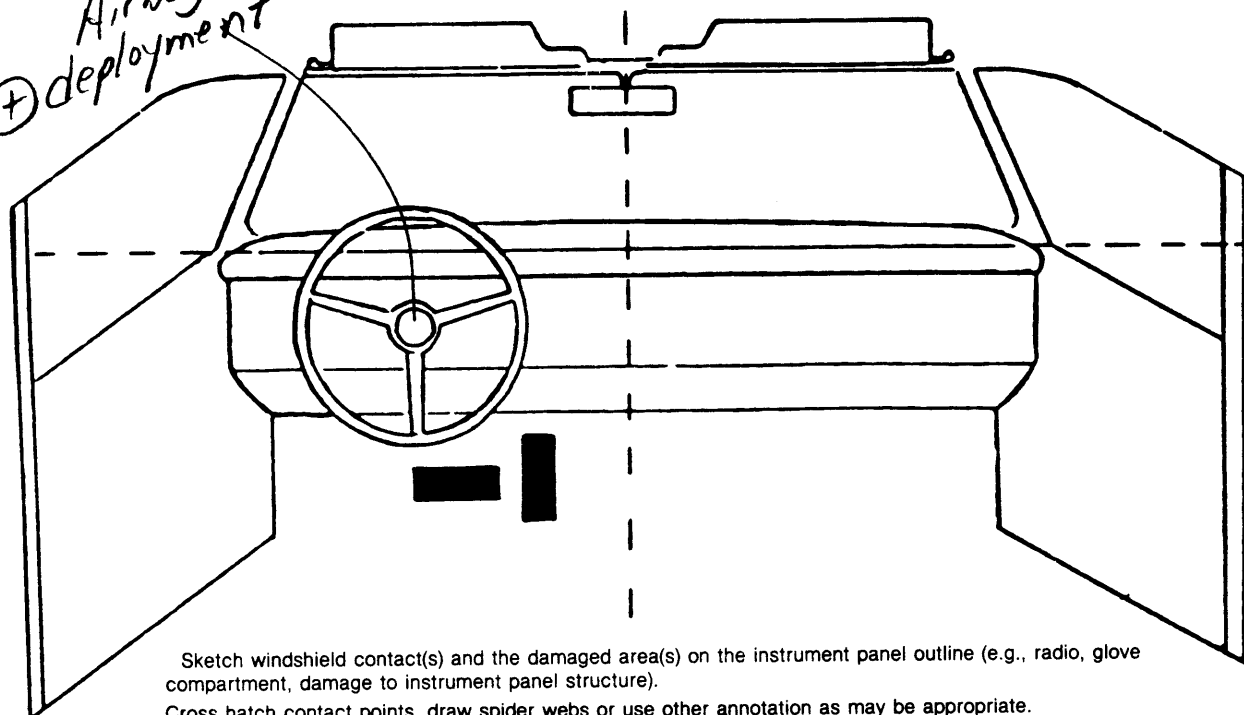
Partial

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



⊕ Airbag deployment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	airbag-lb	1	Face-chest	Blood on airbag—	1
B				striations on eyeglass	
C				lens	
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

airbag

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail

- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):

- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		
	Use	00		
	Failure Modes	0		
SECOND	Availability			
	Use			
	Failure Modes			
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3		
	Seat Type	02		
	Seat Performance	1		
S E C O N D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration	
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number – Stratum	

VIN JH4KA4665KC0 — Model Year 1989
Vehicle Make (specify): Acura Vehicle Model (specify): Legend

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	Rt Front Corner	Full Front	C6

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space). *C line set at OAL*

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

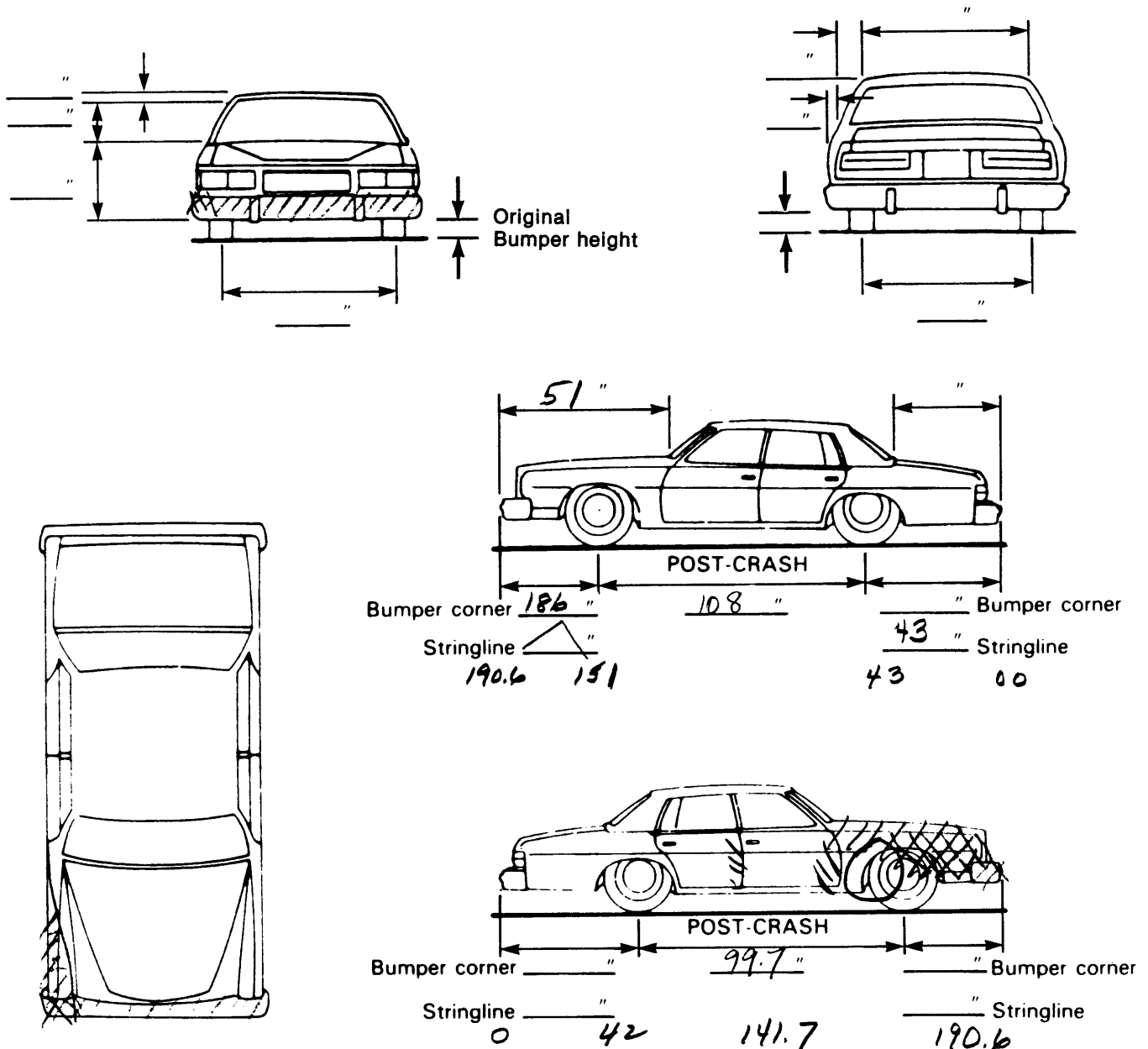
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>107.6</u> Overall Length <u>190.6</u> Maximum Width <u>68.9</u> Curb Weight <u>3170</u> Average Track <u>58.3</u> Front Overhang <u>39.6</u> Rear Overhang <u>43.0</u> Engine Size: cyl./ displ. <u>6 cyl - 2700 cc</u> Undeformed End Width <u>62</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF <u>0</u> <u>20</u> ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0000</u>	



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>OL</u>	5. <u>51</u>	6. <u>12</u>	7. <u>F</u>	8. <u>R</u>	9. <u>E</u>	10. <u>E</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u> </u> L <u> </u>	21. <u> </u> C1 <u> </u>	<u> </u> C2 <u> </u>	<u> </u> C3 <u> </u>	<u> </u> C4 <u> </u>	<u> </u> C5 <u> </u>	<u> </u> C6 <u> </u>	22. + - D <u> </u>
<u>062</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>01</u>	<u>028</u>

Second Highest Delta "V"

23. <u> </u> L <u> </u>	24. <u> </u> C1 <u> </u>	<u> </u> C2 <u> </u>	<u> </u> C3 <u> </u>	<u> </u> C4 <u> </u>	<u> </u> C5 <u> </u>	<u> </u> C6 <u> </u>	25. + - D <u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

26. Are CDCs Documented but Not Coded on The Automated File

(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase

107.6 Code to the nearest tenth of an inch
(9999) Unknown

107.6

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



Imp 11/90

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number—Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Acura

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Legend

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes are found on
the back of this page.

8. Vehicle Identification Number

JH4KA4665K

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol or Drug Presence

(0) Neither alcohol nor drugs present
(1) Yes (alcohol present)
(2) Yes (drugs present)
(3) Yes (alcohol and drugs present)
(4) Yes (alcohol or drugs present—specifics
unknown)
(7) Not reported
(8) No driver present
(9) Unknown

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** STOP HERE IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 01

- (00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 01**VEHICLE WEIGHT ITEMS**19. Vehicle Curb Weight 03200

3170 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source [REDACTED]20. Vehicle Cargo Weight 0000

Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA21. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V) 1

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover 0

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)25. Front Override/Underride (this vehicle) 026. Rear Override/Underride (this vehicle) 0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle for This Vehicle 99828. Heading Angle for Other Vehicle 998

29. Basis for Total Delta V (Highest) 6

Delta V Calculated

- (1) CRASH program – damage only routine
- (2) CRASH program – damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

99

____ Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 99

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__ 99) Unknown

32. Lateral Component of Delta V

Secondary Highest
+ 99

____ Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__ 99) Unknown

33. Energy Absorption

9999.00

____ Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model – results appear reasonable
- (2) Collision fits model – results appear high
- (3) Collision fits model – results appear low
- (4) Borderline reconstruction – results appear reasonable

35. Type of Vehicle Inspection

- (0) No Inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. — —

Case Number—Stratum 009E

Indicate



North




Road

Level—
Bituminous
Surface

Tire mark on curb
19' S- of
S edge of
PE Pole

RF-- FR-14" E- & 2' S. of
Pole's S. edge

6" 
pole
diameter
top of
curb
height of
damage - 33

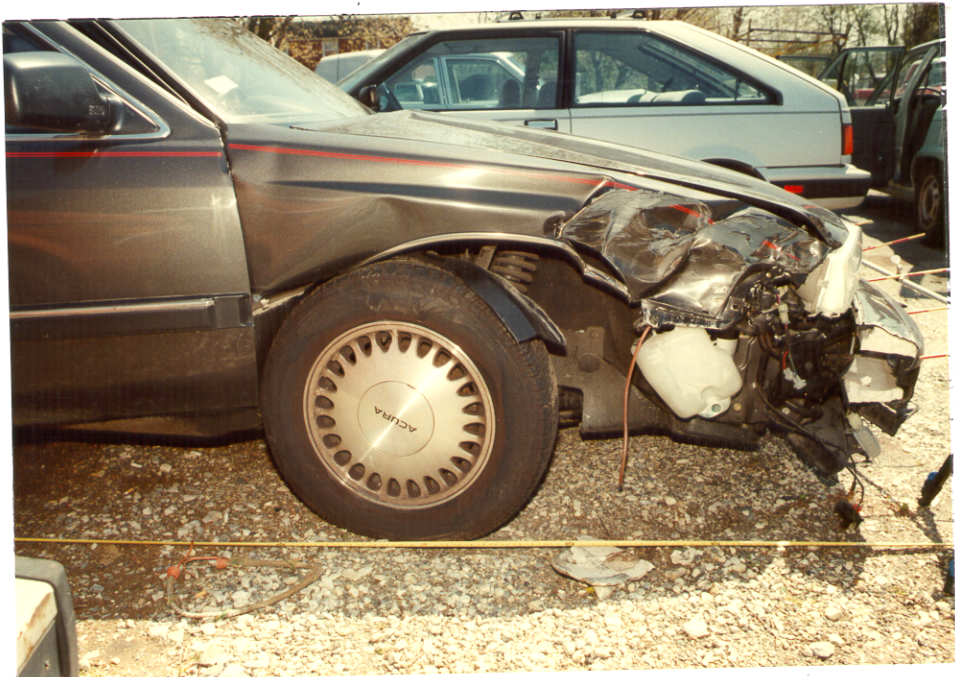
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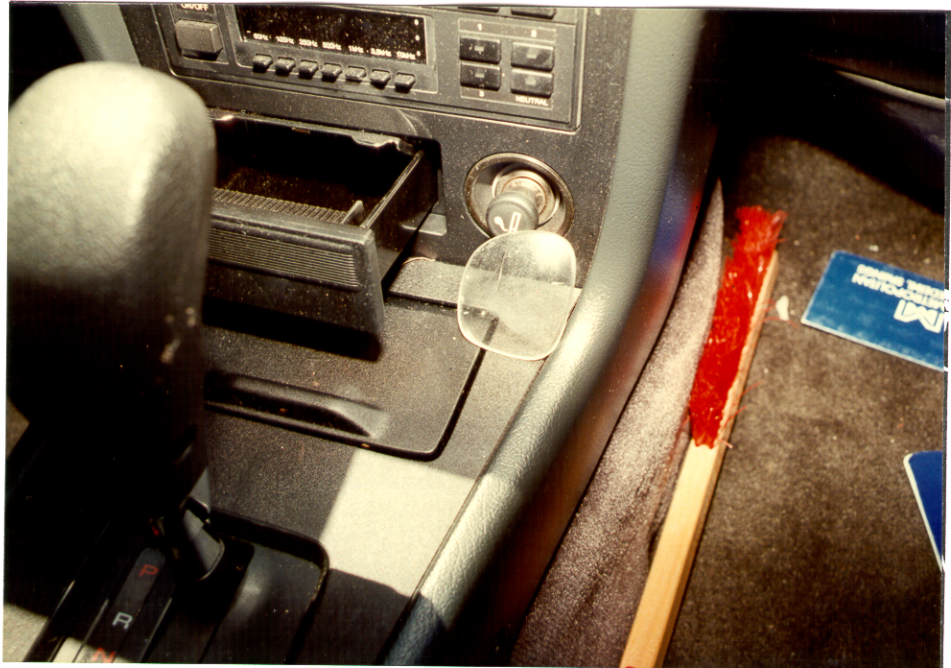




















JH9102 #1



JH9102 #2



JH9102 #3



JH9102 #4



JH9102 #5
Best Available



JH9102 #6
Best Available



JH9102 #7
Best Available



JH9102 #8
Best Available



JH9102 #9
Best Available



JH9102 #10
Best Available



JH9102 #11
Best Available



JH9102 #12
Best Available



JH9102 #13
Best Available



JH9102 #14



JH9102 #15



JH9102 #16



JH9102 #17



JH9102 #18



JH9102 #19



JH9102 #20



JH9102 #21



JH9102 #22



JH9102 #23



JH9102 #24



JH9102 #25



JH9102 #28



JH9102 #27



JH9102 #28



JH9102 #29



JH9102 #30



JH9102 #31



JH9102 #32



JH9102 #33



JH9102 #34



JH9102 #35



JH9102 #36



JH9102 #37



JH9102 #38



JH9102 #39



JH9102 #40